


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

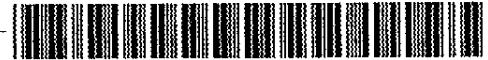
**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000018365**  
 1. Entity Name  
**SUNSHINE PET SITTERS, INC.**



Principal Place of Business      Mailing Address  
**11145 SANDYSHELL WAY**      **11145 SANDYSHELL WAY**  
**BOCA RATON, FL 33498**      **BOCA RATON, FL 33498**

**DO NOT WRITE IN THIS SPACE**



03082004    No Chg-P    CR2E034 (10/03)

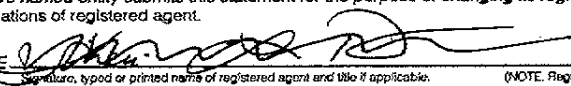
4. FEI Number      Applied For  
**01-0618028**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DUNN, SHERI L**  
**11145 SANDYSHELL WAY**  
**BOCA RATON, FL 33498**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **3/22/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000095318  
 03/24/04-80026-020 150.00

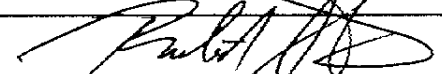
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNN, SHERI
STREET ADDRESS	11145 SANDYSHELL WAY
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	O
NAME	DUNN, ROBERT
STREET ADDRESS	11145 SANDYSHELL WAY
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       DATE **3/22/04**      Daytime Phone # **561-479-0319**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



TDD